


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01981**  
 1. Entity Name  
**SETTLER'S SPRINGS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 38293      P.O. BOX 38293**  
**TALLAHASSEE, FL 32315      TALLAHASSEE, FL 32315**

**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-3655641</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCREWS, BRUCE**  
**2731 TETON TRAIL**  
**TALLAHASSEE, FL 32303**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

000000654281  
 03/12/07 00056 005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SCREWS, BRUCE</b> <b>2731 TETON TRAIL</b> <b>TALLAHASSEE, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>WATHEN, TAMMI B</b> <b>2878 N SETTLERS BLVD</b> <b>TALLAHASSEE, FL 32303</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Bruce E Screws*      **Bruce E Screws**      2-22-07      (850) 5766847

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #